

Department of Corrections



House Appropriations Committee

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DOC Capacity

National Best Practices

- “Design Capacity” used to measure the level of crowding
- Strive to operate at or near 125% of Design Capacity (i.e., 25% over Design Capacity)
- Federal court recently ruled 32% over Design Capacity to be the maximum level appropriate for the State of California

Design Capacity Defined

Design Capacity: the number originally planned to be housed in a facility at the time of design; areas such as medical, dining, and program space*, as well as infrastructure and equipment, are sized based on this number.

*Program space includes Education, Treatment and Recreation activities

Why Address Crowding?

- Crowding creates safety issues and security risks, particularly in dormitory facilities
- Crowding interferes with Re-entry efforts
- Crowding stresses staff and offenders
- Crowding stresses facility infrastructure and systems
- Crowding interferes with offenders' access to services

Opening River North Correctional Center

Opening River North C. C. By January 6th, 2014

- Facility was completed in December 2010 at a capital cost of \$104M
- DOC spent approximately \$880K in FY2012 to mothball the facility
- Governor's budget provides \$14.3M and 325 FTE in FY2014
- Opening the facility provides long awaited employment opportunities to this area
- River North provides bed space to relieve crowding in both jails and prisons

Opening River North C. C.

By January 6th, 2014 (Continued)

- River North is a celled facility built for higher level offenders (Security level 3 and 4)
- 1,034 new beds will be used to:
 - relieve crowding in DOC facilities
 - reduce State out-of-compliance offenders held in Local/Regional Jails (5,072 as of 1/7/13)
- Offers DOC the chance to enhance public safety, reduce stress on existing facilities, and provide offender programming targeted at reducing recidivism
- \$22.9M estimated annual operating costs (includes Correctional Education component)

Offender Health Care

Offender Health Care Funding

- The current Appropriation Act (Chapter 3) eliminated over \$15.5M in FY2014 assuming a decrease in offender medical costs due to Medicaid coverage of inpatient costs (under the provisions of the federal Affordable Health Care Act)
- Governor's Introduced Budget provides \$15.5M in FY2014 to restore this medical funding. A subsequent Executive Amendment proposes reducing \$10.2M in FY2014 due to anticipated savings from the Department's contract for privatized health care.
- The Department projects funding in the Governor's Introduced Budget, along with ongoing cost-containment efforts, should meet resource requirements for inmate health care through the 2012-2014 biennium

Offender Health Care Costs

- DOC provides cost-effective health care services
 - According to a 2010 study of Correction healthcare, Virginia's average cost of \$4,322 was about 12% below the reported national average
 - Per inmate medical costs in Virginia DOC increased an average of 5.6% each year from FY2007 to FY2012 resulting in an average cost last fiscal year of \$5,195

Offender Health Care Costs

- DOC spent \$155M in offender healthcare in FY2012.
 - Armor/Corizon Contracts= \$74M
 - DOC Hospitals and Off-Site Physicians = \$30M
 - DOC Personnel Costs = \$30M
 - DOC Medications = \$12.5M
 - DOC Medical and Dental Supplies \$1.5M
 - DOC Contract Health Care Professionals and Services Within Facilities = \$6.8M
 - DOC Medical Equipment = \$.2M
- Correctional Facilities Health Services include primary care, specialty consultations, dialysis, infirmary care, medications, medical supplies, x-ray, laboratory, optometric, dental and psychiatric services

Offender Health Care Costs

- Challenges of correctional health care include:
 - Virginia's confined offenders age 50+ have increased seven-fold over the past 21 years
 - One-third of inmates have a chronic care condition (e.g. asthma, diabetes, hypertension, HIV)

Health Care Costs Containment Initiatives

- Extensive telemedicine utilization
- New drug formulary provides a broad range of cost effective options
- Anthem health care contract allows DOC to participate in Anthem Network Pricing
- Off-site services utilization review by DOC physician

Enrolling Offenders in Medicaid

- Medicaid provides coverage for hospitalized offenders under the age of 18 or 65 years and older, disabled under Social Security, or pregnant
- Governor's Budget projects savings from the DOC of \$2.7M (*50% Expenditure Match shifted to Federal Government through Medicaid reimbursements*)
- The Introduced Budget proposes to provide DOC with one FTE to coordinate and monitor this effort. This individual would work with the Dept. of Medical Assistance Services to identify Medicaid eligible DOC offenders

Reentry

Reentry Implementation

- Re-entry begins at first contact with DOC
 - Offenders are referred to programs based on risk/needs assessment and guided by individualized re-entry case plans
 - Long term offenders are involved in activities they can use while incarcerated
 - As offenders progress through their sentence, activities become more focused on release

Reentry Implementation (Continued)

- Within 12 months of release offenders are transferred to Intensive Re-Entry Programs closest to their home area
 - Evidence based programming (Thinking for a Change)
 - Cognitive community structure for social learning
 - Workforce development
 - Life skills training
 - Re-Entry Probation Officers

Reentry Implementation (Continued)

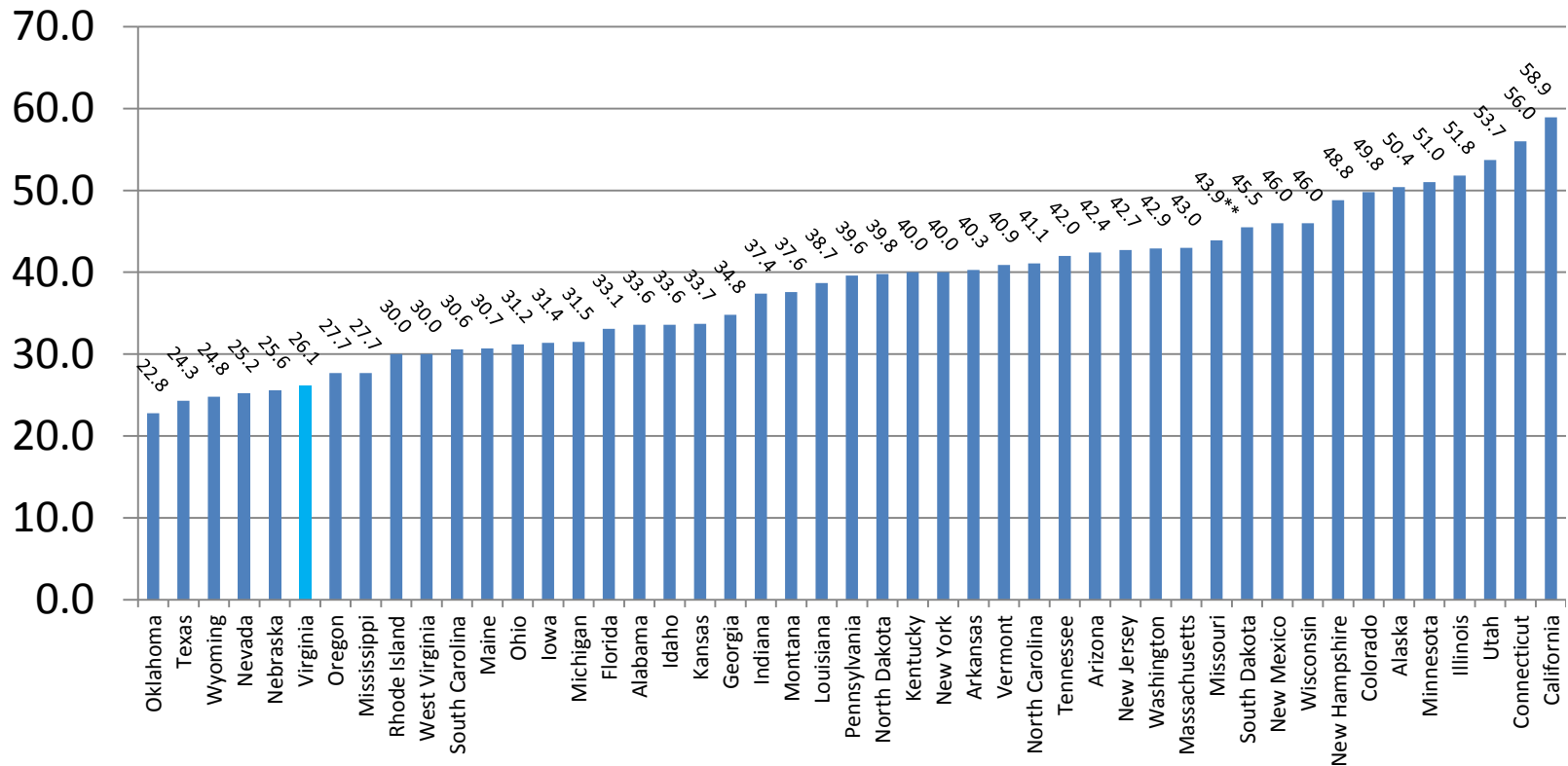
- Post-Release
 - Guidance from Re-Entry Probation Officer continues at the point of release
 - Risk/Needs Assessments inform Case Plans to focus on offender needs
 - Community Corrections staff provide Thinking for a Change Peer Support group for continuity with prison programming
 - Local Re-Entry Councils and non-profit organization collaborators assist with service coordination

Re-incarceration Rates

Three-Year Re-incarceration Rates

- As Reentry initiatives and Evidence Based Practices have been put in place, Virginia is seeing a reduction in its recidivism rates
 - Last year, the 3 year re-incarceration rate of State Responsible releases dropped from 27.3% to 26.1%.
 - In addition, Detention and Diversion Center graduates 3 year incarceration rates dropped by more than 3 percent.

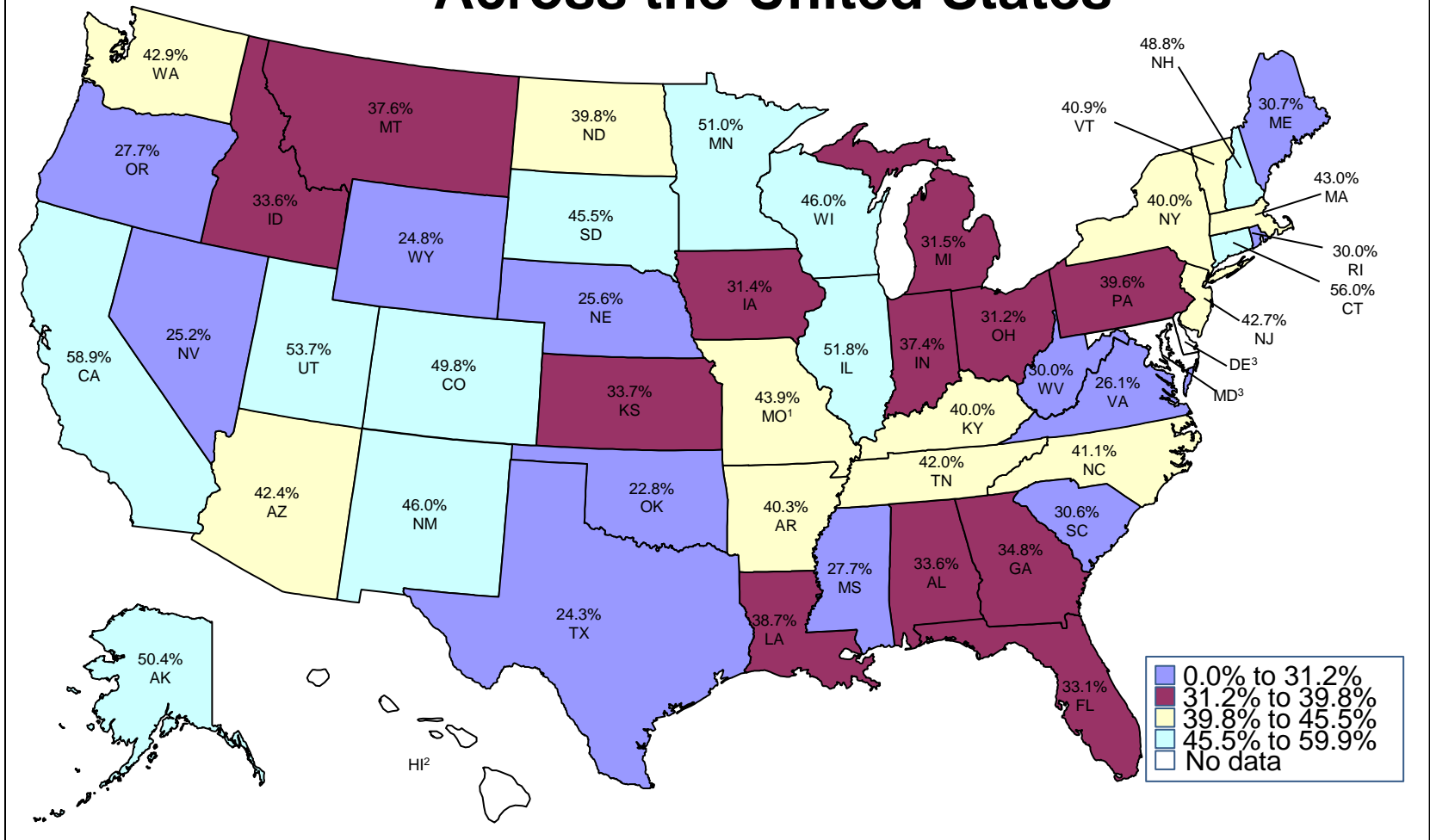
Three-Year Re-Incarceration Rates: A State Comparison*



* The re-incarceration rate in Hawaii is unknown. Delaware and Maryland do not calculate their respective re-incarceration rates.

** Missouri's recidivism rates excludes the release of parole violators who have previously been returned to prison for a violation of supervision within the commitment.

Three-Year Re-incarceration Rates Across the United States



¹ Missouri's recidivism rate excludes the release of parole violators who have previously been returned to prison for a violation of supervision within the commitment.

² Hawaii's recidivism rate is unknown.

³ Neither Maryland nor Delaware calculate their respective re-incarceration rates.

Outstanding Challenges

Reentry Resources in the Community

- Absence of reentry housing for persons with medical and mental health needs or violent crime histories
- DOC is not funded for halfway houses that would gradually reintegrate persons back into the community
- Resources for programming are limited and DOC cannot address the needs of all
- Caseloads for Probation and Parole staff are high

Reentry Resources in the Community

- Priority for services at local Community Services Boards is lacking in some cases particularly for mental health needs
- Certain Code provisions restrict post release placement and opportunities
- The economy has stressed faith based and non-profit organizations causing many to reduce or eliminate supportive services

Closing Remarks

Closing Remarks

- Proposed opening of River North C.C. by January 6, 2014 allows for DOC to reduce overcrowding in its facilities and decrease the number of State-responsible out of compliance offenders held in local/regional jails
- DOC continues to make extensive efforts to contain cost increases for offender health care even as the population ages and has more chronic medical conditions
- Reentry programming continues as DOC works to achieve its goal of creating long-term Public Safety by reducing offender recidivism